



Department of Medical Assistance Services  
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[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

TO: All Oral Surgeons and Managed Care Organizations  
(MCOs) participating in the Virginia Medical Assistance  
Program

FROM: Patrick W. Finnerty, Director  
Department of Medical Assistance Services (DMAS)

MEMO Special  
DATE 6/14/2005

SUBJECT: Dental Program Coverage of Medical/Surgical Procedures for  
Medicaid, FAMIS, and FAMIS Plus Children – Effective July 1, 2005

You should have already received a Medicaid Memo dated June 10, 2005, to all dentists describing the new Medicaid and FAMIS dental program, ***Smiles For Children***, which is being implemented July 1, 2005. The purpose of this memo is to advise oral surgeons of changes impacting the way certain procedures are billed under the ***Smiles For Children*** program. Under the new dental program, all of the same services will continue to be covered; however, to be more consistent with industry standards, certain procedures previously considered as dental services will need to be billed as medical services effective as of July 1, 2005.

Attachment I contains a listing of medical/surgical procedures that, effective July 1, 2005, will need to be billed as CPT codes on the CMS-1500 Claim Form or electronically at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Claims for these services need to be submitted to the Medicaid-contracted managed care organizations (MCOs) or the fee-for-service (FFS) program depending on where the patient is enrolled when the service is performed. Please note that some procedures on Attachment I may require prior authorization (PA) by the fee-for-service program or the recipient's MCO. If you do not know where the patient is enrolled, you may obtain this information by accessing the First Health website at <http://virginia.fhsc.com> or by calling the MediCall voice response system at 800-884-9730 or 800-772-9996.

In order to bill for these medical services, you need to be a participating provider with Medicaid and the MCO, if applicable. If you want to obtain more information about participating with MCOs, contact them directly. (The MCO provider relations contacts are listed in Attachment II.)

The following table summarizes the billing process for these services:

<b>Patient Enrolled in Fee-For-Service</b>	<b>Patient Enrolled with a Medicaid MCO</b>
Must be a participating Medicaid Provider. (Providers who already participate should use their DMAS-assigned provider number to bill for medical services.)	Must be a participating provider with the MCO.
Submit claims for medical services using CPT codes on the CMS-1500 Claim Form or electronically to DMAS.	Submit claims for medical services using CPT codes on the CMS-1500 Claim Form or electronically to the patient's MCO.

**NOTE:** Claims for covered dental services (CDT codes) should be submitted to Doral Dental USA. Please refer to the June 10, 2005, Medicaid Memo to all dentists or contact Doral at 1-888-912-3456 for more information on how to submit claims for dental services.

### **SMILES FOR CHILDREN CALL CENTER**

If you have any dental service questions, please contact the *Smiles For Children* Call Center at 1-888-912-3456. Doral has dedicated provider relations staff to answer any questions you may have regarding the *Smiles For Children* program. The *Smiles For Children* Call Center is available Monday through Friday from 8:00 a.m. to 6:00 p.m. (Eastern Time), except on state holidays, to answer questions.

### **DMAS "HELPLINE"**

If you have any oral surgery service questions, please contact the DMAS "HELPLINE."

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

Providers may access recipient eligibility information through Doral's Interactive Voice Response (IVR) system by calling 1-888-912-3456 or online through the "Providers Only" section of Doral's website at [www.doralusa.com](http://www.doralusa.com). Both options are available 24 hours a day, seven days a week at no cost to the provider.

### **COPIES OF MANUALS**

The ***Smiles For Children*** Office Reference Manual outlines policies and procedures that dental providers should follow for services rendered on or after July 1, 2005, under the ***Smiles For Children*** program. Doral will be sending all participating providers an Office Reference Manual. This manual and other important information can also be accessed on Doral's website at [www.doralusa.com](http://www.doralusa.com).

DMAS will continue to make its *Dental* Provider Manual available to providers on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Please refer to this manual for procedures that should be followed for services rendered prior to July 1, 2005. If you do not have access to the Internet or would like a paper copy of the DMAS *Dental* Provider Manual, you can order it by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

### **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. This newsletter will contain information pertinent to all providers and various aspects of the Medicaid and FAMIS programs, not just the dental program. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-provider\\_newletter.asp](http://www.dmas.virginia.gov/pr-provider_newletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (4)

## Attachment I

### VA Procedures (Listed By CDT Code) To Be Covered Under the Medical Plan (Submit Using the Appropriate CPT Code)

CODE#	DESCRIPTION OF SERVICE
D0310	SIALOGRAPHY
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF WRITTEN REPORT
D0480	PROCESSING AND INTREPRETATION OF EXFOLIATIVE CYTOLOGIC SMEARS
D0481	ELECTRON MICROSCOPY - DIAGNOSTIC
D0482	DIRECT IMMUNOFLUORESCENCE
D0483	INDIRECT IMMUNOFLUORESCENCE
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE
D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT
D5911	FACIAL MOULAGE (SECTIONAL)
D5912	FACIAL MOULAGE (COMPLETE)
D5929	**FACIAL PROSTHESIS, REPLACEMENT
D5931	**OBTURATOR PROSTHESIS, SURGICAL
D5932	**OBTURATOR PROSTHESIS, DEFINITIVE
D5933	**OBTURATOR PROSTHESIS, MODIFICATION
D5934	**MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE
D5935	**MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE
D5936	**OBTURATOR PROSTHESIS, INTERIM
D5937	**TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)
D5952	**SPEECH AID PROSTHESIS, PEDIATRIC
D5953	**SPEECH AID PROSTHESIS, ADULT
D5954	**PALATAL AUGMENTATION PROSTHESIS
D5955	**PALATAL LIFT PROSTHESIS, DEFINITIVE
D5958	**PALATAL LIFT PROSTHESIS, INTERIM
D5959	**PALATAL LIFT PROSTHESIS, MODIFICATION
D5960	**SPEECH AID PROSTHESIS, MODIFICATION
D5982	SURGICAL STENT
D5983	RADIATION CARRIER
D5984	RADIATION SHIELD
D5985	RADIATION CONE LOCATOR
D5986	FLUORIDE GEL CARRIER
D5987	COMMISSURE SPLINT
D5988	SURGICAL SPLINT
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM
D7412	EXCISION OF BENIGN LESION, COMPLICATED

\*\* PROSTHETIC SERVICES THAT REQUIRE PRIOR AUTHORIZATION (PA) UNDER THE FEE-FOR-SERVICE (FFS) PROGRAM.

NOTE: OTHER PROCEDURES ON THIS LIST MAY REQUIRE PA BY FFS OR THE RECIPIENT'S MANAGED CARE ORGANIZATION (MCO). Page 1 of 3

## Attachment I

### VA Procedures (Listed By CDT Code) To Be Covered Under the Medical Plan (Submit Using the Appropriate CPT Code)

CODE#	DESCRIPTION OF SERVICE
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED
D7440	EXCISION OF MALIGNANT TUMOR - 1.25 CM
D7441	EXCISION OF MALIGNANT TUMOR - > 1.25 CM
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT
D7490	RADICAL RESECTION OF MAND W/ GRAFT
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE
D7521	INCISION & DRAINAGE - EXTRAORAL - COMPLICATED
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY
D7560	MAXILLARY SINUSOTOMY
D7610	MAX - OPEN REDUCTION - TEETH IMMOBILIZED
D7620	MAX - CLOSED REDUCTION - TEETH IMMOBILIZED
D7630	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7640	MAND - CLOSED REDUCTION - TEETH IMMOBILIZED
D7650	MALAR/ZYGO ARCH - OPEN REDUCTION
D7660	MALAR/ZYGO ARCH - CLOSED REDUCTION
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH
D7671	ALVEOLUS-OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES
D7710	MAX - OPEN REDUCTION - COMPOUND
D7720	MAX - CLOSED REDUCTION - COMPOUND
D7730	MAND - OPEN REDUCTION - COMPOUND
D7740	MAND - CLOSED REDUCTION - COMPOUND
D7750	MALAR/ZYGO - OPEN REDUCTION - COMPOUND
D7760	MALAR/ZYGO - CLOSED REDUCTION - COMPOUND
D7770	ALVEOLUS - OPEN REDUCTION - STABILIZATION - COMPOUND
D7771	ALVEOLUS - OPEN REDUCTION - STABILIZATION - CLOSED
D7780	FACIAL BONES - COMPLICATED REDUCTION
D7810	OPEN REDUCTION OF DISLOCATION
D7820	CLOSED REDUCTION OF DISLOCATION
D7830	MANIPULATION
D7840	CONDYLECTOMY
D7850	SURGICAL DISECTOMY
D7852	DISC REPAIR
D7854	SYNOVECTOMY
D7856	MYOTOMY
D7858	JOINT RECONSTRUCTION
D7860	ARTHROTOMY

\*\* PROSTHETIC SERVICES THAT REQUIRE PRIOR AUTHORIZATION (PA) UNDER THE FEE-FOR-SERVICE (FFS) PROGRAM.

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CODE#	DESCRIPTION OF SERVICE
D7865	ARTHROPLASTY
D7870	ARTHROCENTESIS
D7871	NON-ARTHROSCOPIC LYSIS
D7872	ARTHROSCOPY - DIAGNOSIS
D7873	ARTHROSCOPY - LAVAGE
D7874	ARTHROSCOPY - DISC
D7875	ARTHROSCOPY - SYNOVECTOMY
D7876	ARTHROSCOPY - DISCECTOMY
D7877	ARTHROSCOPY - DEBRIDEMENT
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM
D7911	COMPLICATED SUTURE - 5.0 CM
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM
D7920	SKIN GRAFT
D7940	OSTEOPLASTY - ORTHOGNATHIC
D7941	OSTEOTOMY - MANDIBULAR RAMI
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL - PER SEXTANT OR QUADRANT
D7945	OSTEOPLASTY - BODY OF MANDIBLE
D7946	LEFORT I (MAXILLA - TOTAL)
D7947	LEFORT I (MAXILLA - SEGMENTED)
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) - WITHOUT BONE GRAFT
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT
D7950	OSSEOUS, OSTEOPEER OR CART GRAFT
D7955	REPAIR SOFT/HARD TISSUE DEFECT
D7980	SIALOLITHOTOMY
D7981	EXCISION OF SALIVARY GLAND - BY REPORT
D7982	SIALODOCHOPLASTY
D7983	CLOSURE OF SALIVARY FISTULA
D7990	EMERGENCY TRACHEOTOMY
D7991	CORONOIDECTOMY
D7995	SYNTHETIC GRAFT
D7996	IMPLANT - AUGMENTATION
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR

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## Attachment II

### Managed Care Organization (MCO) Provider Enrollment Contacts

MCO	Name	Title	Address	Phone
Anthem HealthKeepers Plus	Chris Stark	Ancillary Network Administration	PO Box 27401 Mail Drop VA43A Richmond, VA 23279	804-354-2338
Southern Health-CareNet	Julie Bryant <a href="mailto:JCBryant@cvty.com">JCBryant@cvty.com</a>	Provider Contracting Specialist	1000 Research Park Blvd. Charlottesville, VA 22911	1-800-975-1213
UniCare Health Plan of Virginia	Paulina Bolton	Customer Care Center	241 South Van Dorn Street Alexandria, VA 22304	1-800-997-4765 OR 1-703-504-6400
Optima Family Care	George Leidig	Provider Contract Manager	4417 Corporation Lane Virginia Beach, VA 23462	1-800-229-8822
Virginia Premier Health Plan	Kathy Flemer <a href="mailto:kflemer@vapremier.com">kflemer@vapremier.com</a>	Contract Specialist	600 East Broad Street PO Box 5307 Richmond, VA 23220	800-727-7536 Ext. 5333